State of Arizona

Comprehensive HIV Prevention Plan

2004 - 2006

Updated September, 2004

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF HIV/AIDS

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Section 1 - Preface

In 2003, Arizona Department of Health Services Office of HIV/AIDS and its partners in community planning began the lengthy process of incorporating the most recent view of Community Planning into the current regional planning cultures, processes, and structures. The HIV/AIDS office chief, prevention manager, and state-appointed co-chairs in particular have conducted several monthly planning meetings, including a two-day summit in 2003, to review the content and spirit of the new guidelines. They have consulted with their community co-chairs and sought their input as well. Issues such as the following have been discussed at length:

- Roles and Responsibilities
- Membership, Representation, & Decision Making
- Planning Cycle Length and Activities
- Conflict of Interest
- Concurrence
- Prioritization
- Evaluation of Community Planning
- Materials Review
- Cross-program issues and coordination
- CPG committees, bylaws, and charters
- State Health Department feedback to CPG members

The Co-chairs and Health Department have presented Community Planning Guidance and AHP Initiative orientations to the regional CPGs, but it is clear that community members continue to desire further study and much greater input into the adaptations Arizona must make to be more fully in sync with the CDC's ambitious standards. These activities took place during late 2003 and are a continuing issue well into 2004. At present, two of the regional groups are planning to sponsor member mini-retreats, in order to conduct intensive teambuilding activities and more comprehensively update their members as to the new Guidance, AHP, and Program Announcement 04012 information.

Section 2 - Introduction

The state of Arizona encompasses 113,446 square miles. There are fifteen counties and 21 Indian Reservations. These reservations make up 27% of Arizona's geography, with 57% being state or federally owned and only 16% being privately owned. Arizona's population has increased 40% since 1990, bringing the population to an estimated 5.8 million residents in 2003. Due to the large landmass, the population density is quite light, varying from 4 (La Paz County) to 334 (Maricopa County) persons per square mile. This means much of the state is considered to be rural or frontier. In comparison, the population density of Houston, Texas is 1967 persons per square mile. Of Arizona's 5.8 millions residents, 25% are Hispanic or Latino, 3% are Black or African American, 5% American Indian, 2% Asian, less than one percent Hawaiian and Pacific Islander, and 65% White or Caucasian (not of Hispanic origin).

Arizona Fun Facts
Statehood: February 14, 1912
State Motto: Diet Deus
State Bird: Arizona Cactus Wren
State Flower: Saguaro Cactus Blossom
State Tree: Palo Verde
State Capital: Phoenix (Maricopa County)
Highest Point: Humphreys Peak 12,633 ft.
Lowest Point: Colorado River 70 ft.
Nicknames: Grand Canyon State, Copper State

Arizona has great diversity among its American Indian population. There are numerous tribes represented including Navajo, Mohave, Apache, Hopi, Paiute, Tohono O'odham, Pima, Maricopa, Yavapai, Hualapai, Pascua Yaqui, and Havasupai. The Navajo tribe is the largest Native American tribe in the southwest.

This plan represents a summary of the regional Comprehensive Plans generated by Arizona's three Community Planning Groups. It also includes information on the state's beginning efforts to incorporate the principles of the new Community Planning Guidance into its existing structures and processes. The priority populations and identified interventions for 2004-2006 are described in this document. Most were funded during the RFP process and extended contract negotiations which took place during the fall of 2003 and first months of 2004. However, not all interventions for priority populations were established in 2004 because insufficient fundable proposals were received during the RFP process. The Epidemic information, CSA, Goals, Technical Assistance, Evaluation and Linkages sections have been updated in this plan. Finally, information describing the 2000 – 2002 and proposed 2003 – 2005 planning processes are provided in attachments.

This document is not intended to replace any component of the three Regional Comprehensive Plans; instead it is intended as an updated, summary to provide statewide information for interested citizens and agencies in Arizona.

Where applicable, the national Community Planning Goals and Objectives are re-stated in order to provide context for some planning activities.

Section 3 – Community Planning Overview and Process

GOAL ONE — Community planning supports broad-based community participation in HIV prevention planning.

- Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership.
- Objective B: Ensure that the CPG(s) membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non- governmental agencies.
- Objective C: Foster a community planning process that encourages inclusion and parity among community planning members.

Community Planning Group Membership

	CPG Primary Agency		CPG Primary expertise
Faith Community	1%	Epidemiologist	9%
Minority Board CBO	20%	Behavioral or Social Scientist	15%
Non-Minority Board CBO	21%	Evaluation Researcher	11%
Other Nonprofit	4%	Intervention Specialist	26%
State Health Department	1%	Health Planner	17%
Local Health Department	26%	Community Representative	17%
Other Government	8%	Other	3%
Academic Institution	6%	Unknown	2%
Research Center	1%		
Individual	11%		
Other	1%		

Gender	Male	Female	Transgender	Total
CPG	40%	60%	<1%	100%
Epidemic	86%	14%	0	100%

Age	CPG	Epidemic
<19	1%	2%
20-24	5%	6%
25-29	13%	12%
30-49	59%	69%
50+	22%	9%
Unknown		

Race/ethnicity	CPG	Epidemic
American Indian or Alaska Native	13%	3%
Asian	0	0%
Black	22%	9%
Hispanic	25%	17%
Native Hawaiian or Other Pacific Islander	0	0
White	38%	66%
More than One Race	2%	0
Unknown		4%

HIV Risk	CPG	Epidemic
MSM	26%	54%
MSM/IDU	1%	8%
IDU	6%	14%
Heterosexual	23%	10%
Mother with or at risk for HIV Infection	0	<1%
General Public	44%	13%

Regional Planning Process

Arizona does not convene a Statewide Community Planning Group. Rather, each of three geographic regions conducts its own community planning processes and submits a plan to ADHS detailing prioritized populations and interventions adapted and tailored to those populations. Based on the information contained in the regional plans and with input from the Community Planning coordinating committee and the Statewide Advisory

Group, ADHS staff develops this Statewide HIV Prevention Comprehensive Plan. Arizona operates on a three-year planning and contract cycle. During the 2001-2003 planning cycle, each region reviewed their epidemiologic data and conducted a needs assessment and gap analysis. This information was used to develop priority populations for the 2004-2006-contract cycle. Each region is comprised of the following counties:

Central Arizona	**Northern Arizona**		**Southern Arizona**	
Maricopa	Apache	Greenlee	Pima	
Pinal	Coconino	Mohave	Cochise	Yuma
	Graham	Navajo	Santa Cruz	La Paz
	Yavapai	Gila		

In the past, the Statewide CPG Advisory Group (now known as SWAG) was composed of the CPG community-elected and state-appointed co-chairs from each region, members from the Arizona American Indian HIV Prevention Task Force, the HIV prevention program manager, and the HIV/AIDS office chief. This group has served as the statewide planning coordinating body.

The statewide advisory meetings are attended by HIV prevention staff, and are open to all Arizona CPG members as well as the general public. A representative from the Arizona Department of Education regularly attends the meeting, and the Ryan White Title II State Health Department manager is also encouraged to attend. This group meets quarterly to establish common community planning goals, to ensure compliance with the CDC guidance, and to serve as a communication forum for sharing innovative strategies in HIV prevention among the regions. The Advisory Group has played a major role in assisting the Health Department and Co-chairs in strategizing effective means of implementing the contents of the new Community Planning Guidance statewide.

The Arizona American Indian HIV Prevention Task Force, which is not a formal CPG, participates in the Advisory Group meetings. Members of the task force also participate on the three regional CPGs.

The Advisory Group also fosters increased coordination with other planning activities, especially Ryan White Care Act Titles I and II programs. For example, the ADHS program manager for HIV Care and Services often attends Advisory Committee meetings to update co-chairs on the status of the AIDS Drug Assistance Program as well as care and services issues throughout the state. ADHS prevention staff attends the newly merged CPG and care and services meetings in the Northern Region since one aim of the new meeting structure is to optimize the many commonalities between care and prevention in frontier areas.

During 2004, it was determined that the SWAG could play a much greater role in advising the state health department and in responding to changes in the epidemic and

in federal requirements for HIV prevention efforts in Arizona. The existing SWAG was polled as to additional partners to recruit for the group, and is currently reviewing draft by-laws.

Population Priority-Setting

In general each of the three regions followed a similar priority setting approach, with the following common elements or activities:

1. The CPG develops a process for selecting high priority target populations (this is accomplished by either a CPG process committee or by the entire CPG)

2. Epidemiological profile for the Region is prepared either by the State Health Department or in partnership between CPG staff and the Department

3. Epidemiological data is reviewed either by committee of the CPG or by the entire planning body.

4. Literature reviews are conducted to get facts on effective interventions.

5. An existing services inventory is conducted.

6. A gaps analysis is performed

7. Target populations are selected.

8. CPG votes on intervention priorities for three year time period.

9. Prevention plan is constructed and submitted to the State Health Department.

In future cycles (beginning in 2004), all three regions will utilize the updated Community Planning Guidance and also follow a common priority-setting process as outlined by the Academy for Educational Development (AED) in their updated "HIV Prevention Community Planning: Setting HIV Prevention Priorities." Thus, they will be able to share and benefit from each other's experience and successes.

Statewide Issues

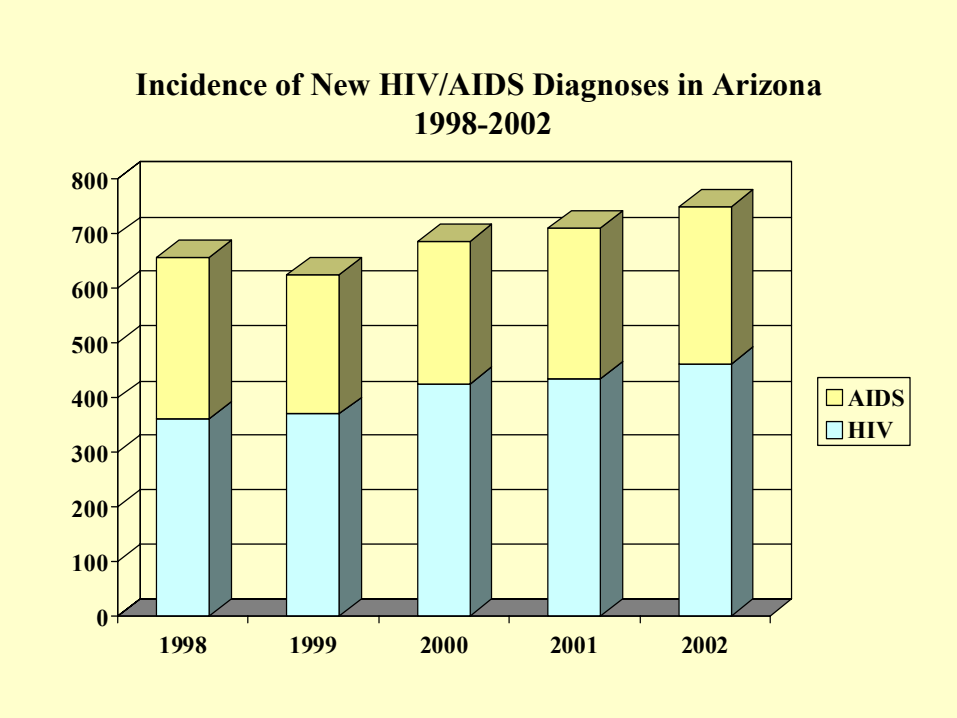
Since the release of the new Community Planning Guidance, Advancing HIV Prevention Initiative, and Program Announcement 04012, community planning bodies in Arizona have grappled with continuing to conduct their customary planning activities and simultaneously re-tooling to meet new CDC and State Health Department expectations. This is not an instantaneous process, nor does dramatic change occur without difficulty.

Section 4 –Epidemic Information

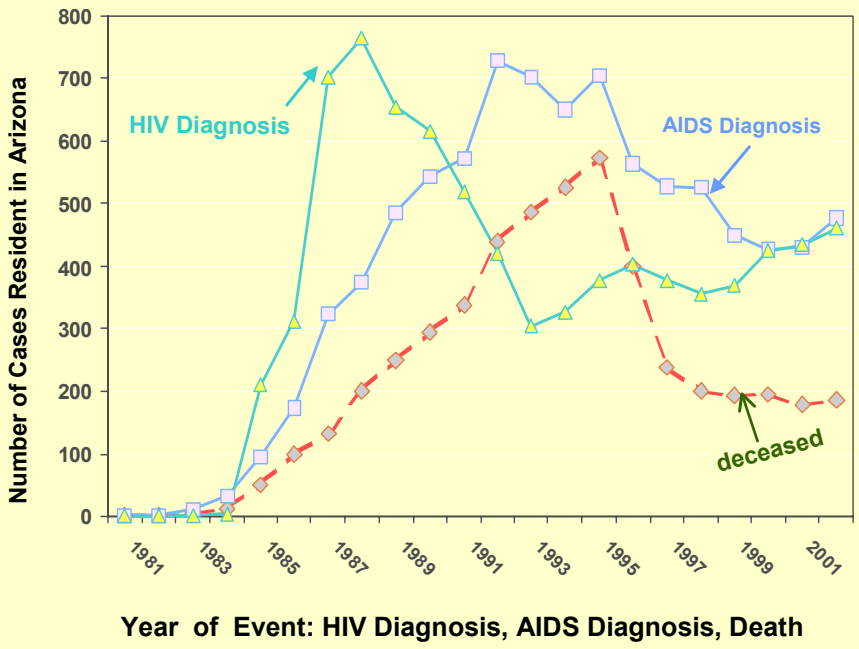
GOAL TWO — Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction.

- Objective D: Carry out a logical, evidence-based process to determine the highest priority, population-specific prevention needs in the jurisdiction.
- Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment.
- Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability.

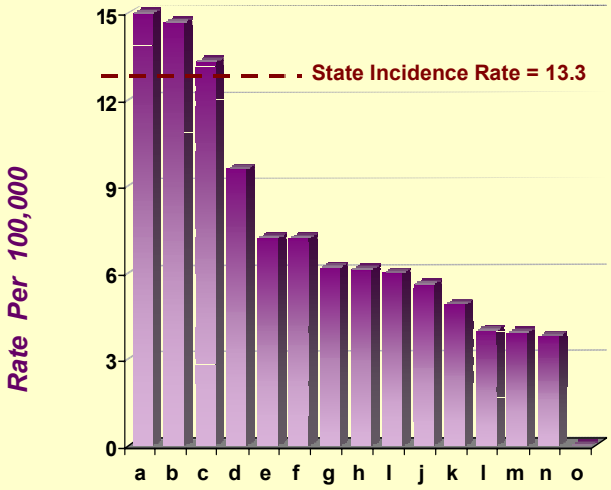
The following contains epidemiologic information about Arizona and HIV disease, and exemplifies the many ways in which this information can be portrayed in order to assist community members to obtain an accurate picture of the state's HIV/AIDS epidemic. Each regional plan contains detailed information and analysis of region-specific epidemiologic trends. Starting in 2004, the Epidemiology Technical Assistance Specialist within the HIV/AIDS Office has revolutionized and strengthened the State Health Department's ability to analyze and present its data.



HIV/AIDS Events Per Year in Arizona, 1981-2002



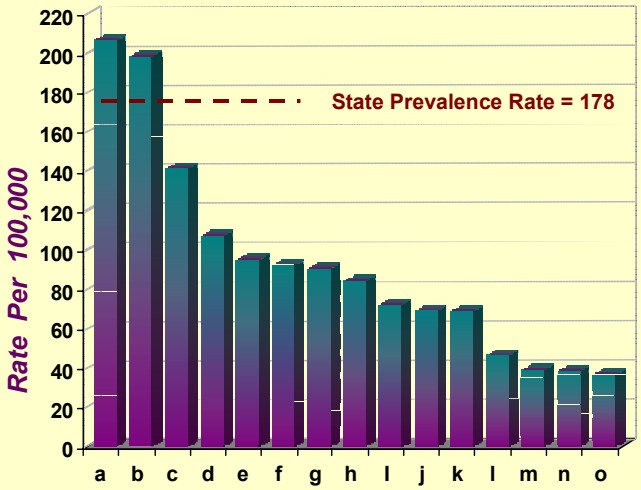
Incidence: New HIV/AIDS Cases 1998-2002, by County



a- Maricopa
b- Pima
c- Pinal*
d- Graham*
e- La Paz
f- Mohave
g- Sta Cruz
h-Yavapai
i- Coconino
j- Cochise
k- Navajo
l- Yuma
m- Gila
n- Apache
o- Greenlee

* 30-40% of cases in Pinal and Graham counties are among incarcerated persons.

Prevalence: HIV/AIDS, by County



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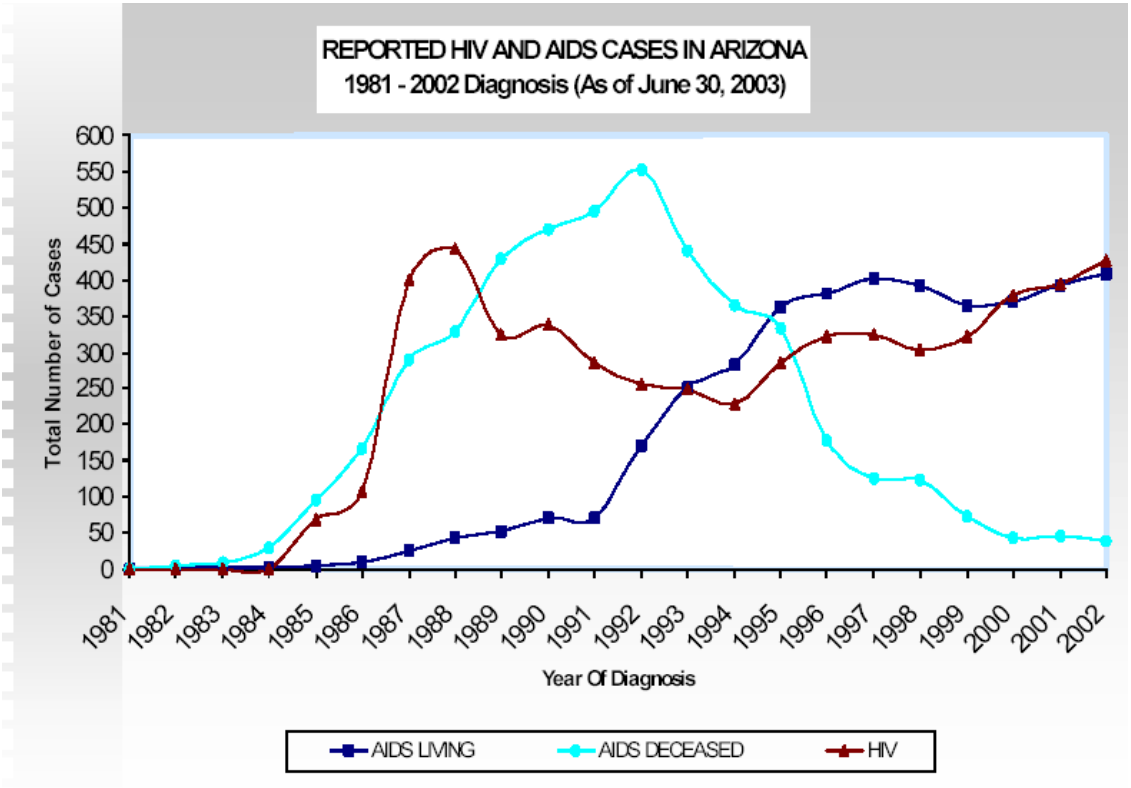
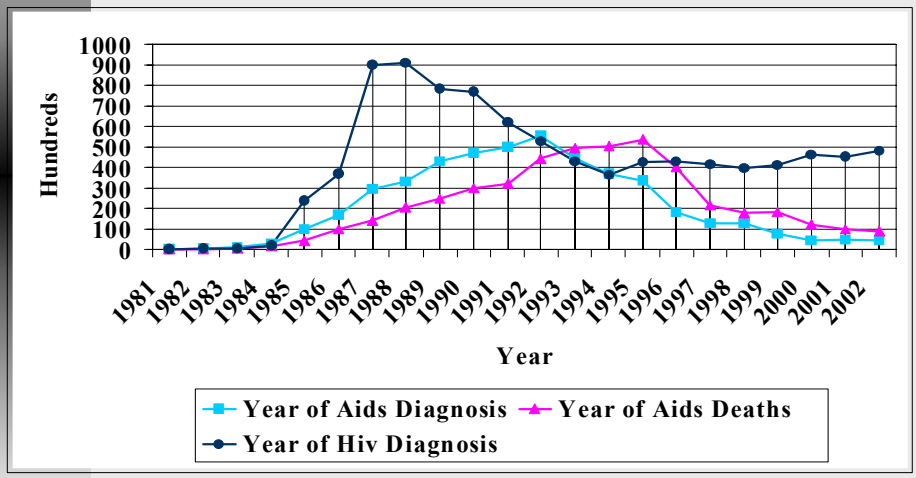
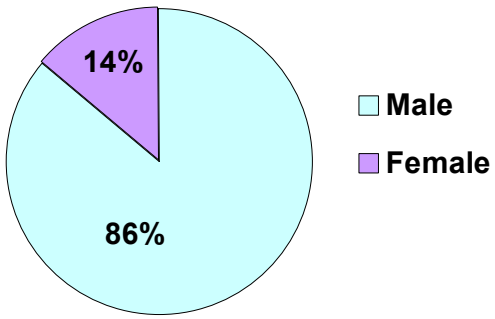


ARIZONA DIAGNOSED CASES AND DEATHS OF CASES BY YEAR



HIV/AIDS in AZ by Sex 1997 - 2002



- Males are more affected than females, but females are an increasing (though still small) proportion of cases.

ARIZONA INCIDENCE 1998-2002:

	NEW HIV			NEW AIDS			TOTAL NEW HIV/AIDS		
	C.Cases	% State Total	Rate Per 100,000	Cases	% State Total	Rate Per 100,000	Cases	% State Total	Rate Per 100,000
GENDER									
MALE	1738	84.4	13.48	1204	87.7	9.34	2942	85.7	22.82
FEMALE	321	15.6	2.48	169	12.3	1.31	490	14.3	3.79
TOTAL	2059	100.0	7.97	1373	100.0	5.31	3432	100.0	13.28
AGE									
Under 13	14	0.7	0.27	7	0.5	0.14	21	0.6	0.41
13-19	45	2.2	1.73	7	0.5	0.27	52	1.5	2.00
20-24	212	10.3	11.67	41	3.0	2.26	253	7.4	13.93
25-29	338	16.4	18.11	128	9.3	6.86	466	13.6	24.97
30-34	415	20.2	22.06	255	18.6	13.56	670	19.5	35.62
35-39	420	20.4	21.57	314	22.9	16.13	734	21.4	37.69
40-44	288	14.0	15.26	264	19.2	13.98	552	16.1	29.24
45-49	170	8.3	10.16	163	11.9	9.75	333	9.7	19.91
50-54	86	4.2	5.81	104	7.6	7.03	190	5.5	12.84
55-59	37	1.8	3.07	55	4.0	4.57	92	2.7	7.64
60 and Above	34	1.7	0.77	35	2.5	0.80	69	2.0	1.57
TOTAL	2059	100.0	7.97	1373	100.0	5.31	3432	100.0	13.28
RACE/ETHNICITY									
White Non-Hispanic	1204	58.5	7.23	735	53.5	4.41	1939	56.5	11.64
Black Non-Hispanic	236	11.5	28.64	150	10.9	18.20	386	11.2	46.84
Hispanic	514	25.0	7.80	399	29.1	6.06	913	26.6	13.86
***A/PI/H Non-Hispanic**	18	0.9	3.39	11	0.8	2.07	29	0.8	5.46
****AI/AN Non-Hispanic**	81	3.9	6.50	77	5.6	6.18	158	4.6	12.69
*****MR/Non-Hispanic Other**	6	0.3	N/A	1	0.1	N/A	7	0.2	N/A
TOTAL	2059	100.0	7.97	1373	100.0	5.31	3432	100.0	13.28
MODE OF TRANSMISSION									
[+]MSM	1151	55.9	N/A	827	60.2	N/A	1978	57.6	N/A
[++]IDU	291	14.1	N/A	209	15.2	N/A	500	14.6	N/A
MSM/IDU	172	8.4	N/A	87	6.3	N/A	259	7.5	N/A
HETEROSEXUAL	275	13.4	N/A	171	12.5	N/A	446	13.0	N/A
[+++]O/H/TF/TPR	28	1.4	N/A	29	2.1	N/A	57	1.7	N/A
[++++]NRR/UR	142	6.9	N/A	50	3.6	N/A	192	5.6	N/A
TOTAL	2059	100.0	7.97	1373	100.0	5.31	3432	100.0	13.28

* Asian Pacific/Islander/Hawaiian
** American Indian/Alaskan Native
*** Multiple Race/Other Race

\+ Men having Sex with Men
++ Injection Drug Use
+++ Other/Hemophilia/Transfusion and Blood Products/Transplant Recipient
++++ No Reported Risk/Unknown Risk

Geography

HIV disease is disproportionately distributed in Arizona's two major urban areas—Phoenix and Tucson.

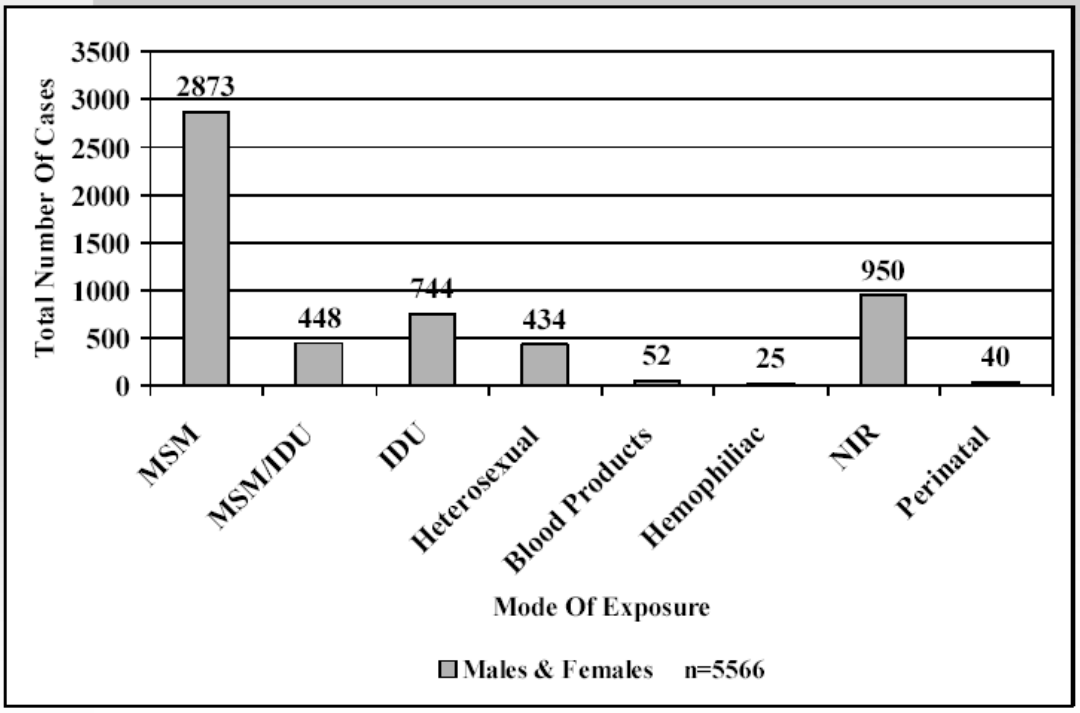
Maricopa County
- 60% of state's population
- 70% of HIV/AIDS cases

Pima County
- 16% of state's population
- 18.5% of HIV/AIDS cases

Risk: Trends over time

- Male-to-male sexual contact (MSM) is still the predominant mode of exposure in Arizona, but it has been steadily decreasing over the course of the epidemic.
- Heterosexual contact with an HIV-positive person or person known to have a risk factor for HIV is a small but increasing proportion of Arizona's cases, particularly in females.

MODE OF EXPOSURE FOR HIV CASES IN ARIZONA
Diagnosed Between 1981 and 2003 (As of June 30, 2003)



MODE OF EXPOSURE FOR AIDS CASES IN ARIZONA
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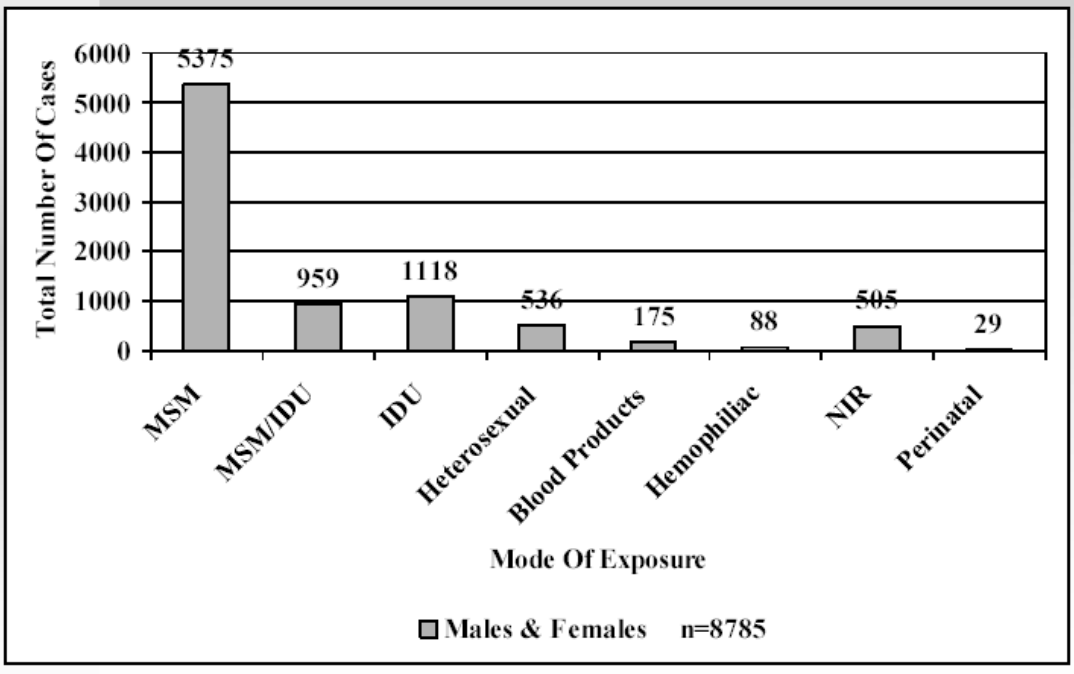
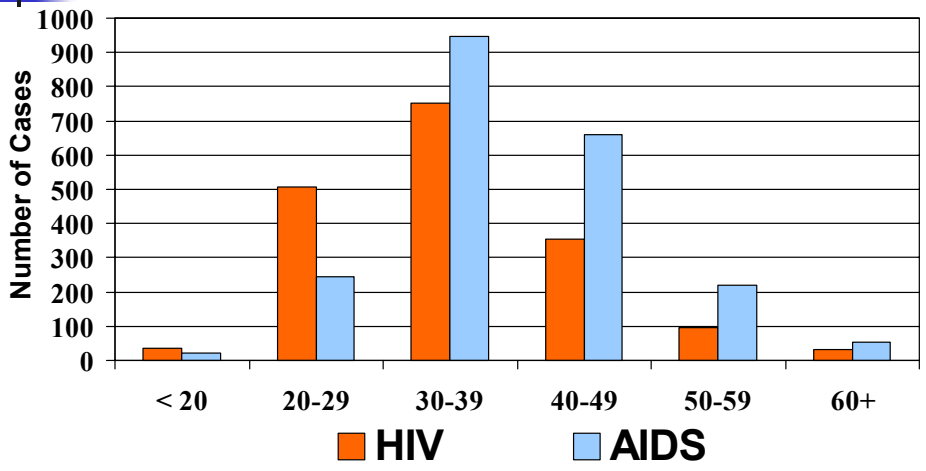


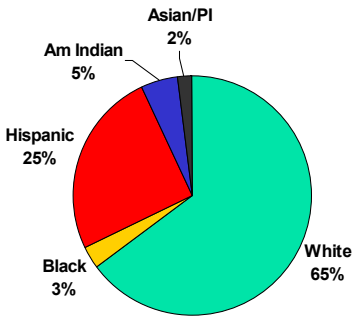
HIV / AIDS by Age at Diagnosis Arizona, 1997 - 2002



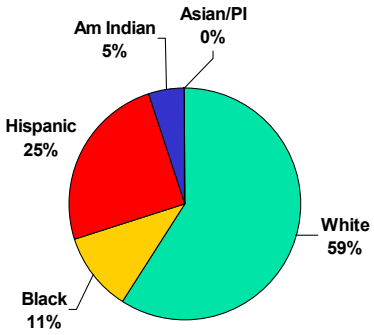
Age: Trends over time 1997 - 2001

- HIV diagnoses tend to be made when clients are in their 20's (29%) and 30's (42%).
- AIDS diagnoses are made when clients are in their 30's (44%) and 40's (31%).

Race / Ethnicity:
Arizona Population vs. AZ HIV / AIDS Cases



Arizona 2000 Census



HIV / AIDS Cases, 1997-2002

Race/Ethnicity: Trends over time

- Throughout the course of the epidemic, the greatest number of AZ HIV / AIDS cases have been diagnosed and reported in whites.
- Recent trends show increasing numbers of AIDS and HIV cases within minority communities.
- Blacks are disproportionately affected, with 3% of the state's population and 11% of recent cases.

Section 5 –Community Services Assessment (Needs Assessment, Resource Inventory and Gap Analysis for populations at risk)

Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment.

The Community Planning Guidance now specifies that the State Health Department have responsibility for conducting the Community Services Assessment (CSA). The proposed and as-yet preliminary recommendation is that the Health Department contract with an independent agent within each region who has known expertise in community assessment. These agents will be advised by and work closely with the appropriate committee from each regional planning group in designing and conducting the various aspects of the CSA.

Northern Region

The planning group, now called the Forum, considers both qualitative and quantitative assessment data in its analysis of community needs and resources. This has included informal literature reviews by co-chairs and members. Due to the lack of literature describing frontier HIV/AIDS trends, needs or prevention strategies, methodologies for collection of data relied on local surveys and focus groups.

Summary of the Northern Arizona Needs Assessment Process:

The Northern Arizona Needs Assessment gathered information about Men who have Sex with Men (MSM), the largest risk group in the region. The Needs Assessment was intended to study the risk behaviors of this population. The primary aim of this survey was to inform programs that are doing HIV prevention work among this population. NAHPPG felt that this survey was necessary to find out what types of risk were happening in what settings so that interventions could be appropriately targeted.

The survey was distributed to gay organizations, coffee shops, bookstores, pubs/clubs, hospitals, clinics, and county health departments around Northern Arizona from February to June 2001. A total of 149 men completed the survey. Surveys were self-administered questionnaires that were mailed back to the Planning Group. Additional questions on Social Norms were included in Coconino County needs assessments.

Survey Quick-Facts

- The sample consists of self-selected men who were residing in Northern Arizona. The majority of respondents were identified as White and gay.
- One in three of the sample reported to have had some sexual activities with in a man in the past two months.
- Over half of the sample reported to have had between one and three different male sex partner(s) in the past two months.
- More than one third of the respondents, who have had more than one different male

partner in the past two months, reported they always use a condom when they have both insertive and receptive anal sex. However, the respondents were less likely to use a condom when

- they have anal sex with long-term partners.

Over half of the respondents reported they never had sex while drinking alcohol or using drugs in the past two months. Over 90% of respondents reported thy had never used a needle to inject drugs and never shared a needle. However, more than 20% of respondents reported they have ever traded sex for alcohol, drugs or money.

Central Region

Once the priority populations were established and the resource inventory completed, the Gaps and Needs Committee met to begin the needs assessment process. The Committee's decided to review existing needs assessments and other supportive materials available: To the Committee's benefit, many community organizations had provided these materials, such as: Ebony House, Men Plus, Heads Up, Ryan White, TERROS, Project SALT, and Phoenix Shanti. Due to limitations in the documentation provided or the information being out of date, all resources were not utilized. Fortunately, plenty of resources used emphasized needs directly related to our priority populations. As mentioned earlier, other supportive materials were reviewed and provided supplemental information regarding our target populations and include: Arizona Harm Reduction News Digest, Arizona AIDS Policy Alliance, VENUS study of University of California San Francisco, Supplement to HIV and AIDS Surveillance Project, National Alliance of State and Territorial AIDS Directors and Maricopa County Department o Public Health HELP. Conclusively, the resources reviewed supported the direction and suggestion of the priority populations by indicating a need to provide targeted prevention to the MSM and IDU populations, which efforts were shown to be underrepresented in the resource inventory.

Gap analysis: Building upon the information attained from the resource inventory and the needs assessment, the Committee began the gap analysis process. The committee conclusively determined that the target groups make up the largest part of the HIV/AIDS epidemic, the target groups practice the riskiest behaviors, and the target groups are underrepresented by program efforts.

Southern Region

Needs Assessment: The Needs Assessment Subcommittee conducted the bulk of its work in years one and two of this three year funding cycle, however they did work to review the existing services inventory to check for changes, and provided the findings of their work to the Priority Setting Subcommittee. They also met with the Evaluation Planning Subcommittee to look at funded programs for MSM and IDU in Pima County and offered input at the CPG meeting about continuing to prioritize MSM for funding in Pima County based on the need.

As mentioned above, earlier in the planning cycle, the Planning Group looked at the unmet HIV Prevention needs within populations defined in the Epi profile as engaging in risk behavior. They also looked at agencies in the Region who provide HIV prevention information. Almost all of the agencies in the region who are not County Health Departments, or who are not specifically targeting IDU provide HIV prevention information to populations not prioritized in the planning process. County Health Departments are mandated to provide HIV Counseling and Testing (C+T) to all members of the general population. Pima County Health Department (PCHD) is able to specify the risk behavior of people to whom it provides services, and in 1999, more than 40% of the people it served for HIV Counseling and Testing were either MSM or IDU. This was enabled in no small part to the fact the PCHD C+T staff have spent years developing and cultivation a solid working relationship with the gay community and regularly have a mobile clinic visit Gay bars in the area to provide this service. PCHD staff also regularly attend numerous events sponsored by the Gay, Lesbian, Bisexual and Transgendered (GLBT) community throughout the year to offer services and work closely with organizations providing treatment and counseling for substance abuse. PCHD is also one of the collaboration to reach GLBT youth, bar-going MSM and Latino MSM.

The Planning Group conducted a review of current HIV prevention programming in the Southern Arizona Region by interviewing as many HIV prevention providers as possible. As the gaps were analyzed, some of the barriers people cited as reasons they were not targeting populations prioritized by the Planning Group were that their funding stream mandated that they target other specific populations (college students), a desire to target the general population, and that their Prevention mission dictated that they serve specific populations (Planned Parenthood of Southern Arizona).

Comparing the Gaps data with the Needs Assessment data gathered over the last three years, the group determined that there continues to be a need for more MSM and IDU programs throughout the Planning Region. MSM and IDU continue to be the top two target populations for Pima County. African Americans in Pima County continue to have HIV infections rates (7-8%) double their population percentage (3%), so prevention efforts targeting African Americans will begin to have specific, culturally appropriate messages targeted toward their communities. The primary routes of infection among African Americans in Pima County continue to be MSM and IDU.

Regarding the rural areas these populations have stated time and again that they are not comfortable in having HIV Prevention Programs targeting them in their rural towns. They like the idea of having youth focused HIV Prevention education that they can have access to, and they also mentioned that they travel to more urban areas (Tucson, San Diego) for sex and/or drugs. There they have access to HIV Prevention messages tailored to them and feel less scrutiny from their coworkers, acquaintances and townsfolk. Rural member of the Planning Group have been and continue to be creative in their approach to IDU and MSM in their communities.

Section 6 - Priority Populations and Interventions

The following is a summary of the populations identified in order of priority in each regional plan as being most in need of HIV prevention services. Each region has also specified several questions and issues for programs to address if they wish to serve these priority populations. The regional guidelines for specific populations and interventions/activities are fully specified in the individual regional prevention plans.

Central Region	Northern Region	Southern Region
Men who have sex with men (MSM), all ages, ethnicities, and all serostatuses	Men who have sex with men (MSM. Includes MSM gay-identified, 30-50 years old; MSM 29 years old and younger; MSM, non-gay identified; and MSM/IDU	Men who have sex with men (MSM)
MSM, Hispanic, all ages and all serostatuses	High-risk Heterosexuals (HRH). Includes HRH Substance Users and HRH 29 years old and younger	Injection Drug Users (IDU) (rural only with State H.D. prevention funding)
Injection Drug Users (IDU) and/or MSM, African American, all ages and all serostatuses	Injection Drug Users (IDU) Includes IDU/Substance Users and MSM/IDU	Rural Female Hispanic High-risk Heterosexuals
Injection drug users (IDU), all ages, ethnicites, serostatuses		

In the Southern Region's Pima County, Injection drug users, while being an important part of the epidemic, are being served under a Substance Abuse and Mental Health Services Administration grant. The Regional Planning Group chose not to dedicate CDC funds to the IDU population in the southern region's urban area due to the SAMHSA funding. After no fundable proposals were received during the 2003 RFP process, the State Health Department requested that the Southern CPG more-thoroughly study the prevention needs of rural IDU. A key unanswered question: do rural IDU receive adequate service through the extensive urban services network available in Pima County? An ad-hoc subcommittee is currently trying to address this question.

Other populations in rural southern and northern Arizona not receiving targeted funds under the cooperative agreement are being served by Health Education and Risk Reduction and Counseling and Testing programs supported by the State Health Department through Inter-Governmental Agreements with the county health departments.

Recommended Interventions

Central Arizona (Maricopa and Pinal Counties)

Population	Intervention Category
Men who have sex with men (MSM), all ages, ethnicities, and all serostatuses	• Prevention Case Management • Outreach • Group Level • Partner Counseling Referral Services • Counseling and Testing • Community Level • Individual Level
MSM, Hispanic, all ages and all serostatuses	• Prevention Case Management • Outreach • Group Level • Partner Counseling Referral Services • Counseling and Testing • Community Level • Individual Level
Injection Drug Users (IDU) and/or MSM, African American, all ages and all serostatuses	• Prevention Case Management • Outreach • Group Level • Partner Counseling Referral Services • Counseling and Testing • Community Level • Individual Level
Injection drug users (IDU), all ages, ethnicites, serostatuses	• Prevention Case Management • Outreach • Group Level • Partner Counseling Referral Services • Counseling and Testing • Community Level • Individual Level

Northern Arizona (Apache, Coconino, Mohave, Navajo, Yavapai Counties)

Population	Intervention Category
Men who have sex with men (MSM), ages 30's through 40's	• Mpowerment Project • Behavioral Intervention to Reduce AIDS risk Activities • AIDS Prevention in Homosexual and Bisexual Men • Popular Opinion Leader • CTRPN
High-risk Heterosexuals	• Reduction of High-risk sexual behavior among heterosexuals undergoing HIV antibody testing-A randomized control trial • Reductions in STD infections subsequent to an STD Clinic Visit-using video-based patient education to supplement provider interactions • A community-level HIV prevention intervention for inner-city women—results of the women and infants demonstration trial • The effects of HIV/AIDS intervention groups for high-risk women in urban clinics • Efficacy of risk-reduction counseling to prevent HIV and STDs—a randomized controlled trial • Reducing inner-city women's AIDS risk activities—a study of single pregnant women • A randomized controlled trial of an HIV sexual risk-reduction intervention for young African American women • Group counseling at STD clinics to promote use of condoms, and comdom skills education and STD reinfection • CTRPN

Injection Drug Users (IDU)	• AIDS Community Demonstration Project • AIDS education for drug abusers • 15-month follow-up of women methadone patients taught skills to reduce heterosexual HIV transmission Health Education/Risk Reduction • AIDS and the transition to illicit drug injection—results of a randomized trial prevention program • CTRPN

Because the Northern Plan listed articles from the CDC *Compendium* as its interventions, the State Health Department later asked CPG staff to deconstruct these approaches into intervention types listed in the CDC Evaluation Guidance.

Southern Arizona (Pima, Santa Cruz, Cochise, Graham, Greenlee, Yuma, La Paz, Pasqua Yaqui Nation, Tohono O'Odham Nation)

Population	Intervention Category
Men who have sex with men (MSM)	• Group Level Intervention • Individual Level Intervention • Structural Intervention • Counseling, Testing, Referral and Partner Notification
Injection Drug Users (IDU) (rural only with State H.D. prevention funding)	• Syringe Exchange • Individual Level Intervention • Group Level Intervention • Structural Intervention • Counseling, Testing, Referral and Partner Notification
Rural Female Hispanic High-risk Heterosexuals	• Individual Level Intervention • Counseling, Testing, Referral and Partner Notification • Health Communication/Public Information

Section 7 – Goals

The following Goals represent updates first described in the CY2002 Cooperative Agreement Application to the Centers for Disease Control and Prevention. They continue to be relevant to the Arizona Comprehensive Prevention focus for 2004-2006, and are consistent with priorities set in Program Announcement 04012 and the Advancing HIV Prevention Initiative.

Counseling, Testing, Referral, and Partner Counseling and Referral Services (CTPCR)

Goal: Increased accessibility of HIV prevention counseling and testing for groups with the greatest risk of contracting HIV in Arizona, in accordance with the epidemiological data, and regional planning priorities.

Prevention for HIV+ Persons

Goal: Increased availability of HIV prevention services for people who test positive for HIV.

Health Education and Risk Reduction (HE/RR)

Goal: Reduced risk for becoming HIV infected or transmitting the virus to others by increased health education and risk reduction programs.

Access to STD Diagnosis and Treatment

Goal: Increased numbers of persons seeking HIV prevention counseling have access to STD diagnosis and treatment.

Quality Assurance and Training

Goal: Higher quality HIV prevention programs utilizing sound behavioral science are available throughout the state.

Capacity Building

Goal: Develop and support the HIV prevention infrastructure throughout Arizona.

Goal: Improved agency and organization performance in the areas of program development, implementation and evaluation.

Goal: Strengthen the infrastructure of Arizona's rural areas to increase their capacity for providing HIV prevention services.

Section 8 – Technical Assistance Needs and Plan

There are several targets for technical assistance in CY 200: the Arizona Department of Health Services, Office of HIV/AIDS, the three regional CPGs, state-funded providers of HIV prevention services, other providers of HIV services and community organizations not currently involved with HIV, but who represent important community resources to be mobilized into HIV prevention.

ADHS:

HIV Prevention staff at ADHS will need continuing technical assistance in the following areas during CY200:

- Staff training to enhance the ability to support contracted and non-contracted agencies in the areas of program evaluation and provision of technical and capacity building assistance

- Staff training in implementing the new Community Planning Guidance and adhering to the principles of Advancing HIV Prevention

- More direct access to CDC-funded or approved training and capacity building providers would certainly improve the jurisdiction's ability to respond to technical assistance requests from contractors

- Participation in CDC consultations and working groups

- Attendance at national conferences, i.e., United States Conference on AIDS, HIV Prevention Leadership Summit, American Evaluator's Association, American Public Health Association

CPGs

The State Health Department and Working Group will assess needs and seek technical assistance for the CPGs, with a particular focus on the following areas:

The new Community Planning Guidance
  - Orientation to community planning process
  - Process management
  - Roles of CPG, HD, and CDC in the planning process
  - Representation and Membership
  - Parity, inclusion, and representation (PIR) of affected populations
  - Use of data to support decision-making
  - Community Services Assessment
  - Priority-setting and use of the newly-updated AED materials
  - Intervention effectiveness
  - Community Planning Evaluation

Funded Service Providers

To the extent the State is able to improve the contractor's ability to do program planning, implementation and evaluation, they are also building capacity. By the same token, the concept of ensuring contract compliance transcends adherence to reporting requirements and includes compliance with national agendas and the processes that surround CDC emphases in terms of the necessary components of successful prevention programming.

In the specific area of capacity building for our contracted providers, what follows is a general description of activities begun during CY 2004 and continuing into CY 2005. The State's overall goal is to create a condition by which contractors are able to sustain program activities into the future, even without continued funding from the HIV prevention program.

Recipients of the capacity building effort will include all community agencies and local health departments funded by the RFP process for prevention services from 2004 through 2006. The RFP was conducted by the State Health Department (fall, 2003). Entities found susceptible for funding are listed in the 2005 application and Interim Progress Reported (IPR) submitted in October, 2004.

As detailed in the IPR, the RFP process failed to fully fund all priority populations and interventions for 2004-2006. Consequently, the State Health Department worked intensively during the first half of 2004 to identify and contract with several agencies to provide prevention services. During late 2004, the Health Department intends to contract with at least three agencies to address remaining priorities in the Northern and Southern regions in particular. The IEP details these plans as well.

Community Capacity Building:

The goals of the capacity building efforts are to:

Goal 1: Develop and support the HIV prevention infrastructure throughout Arizona.

Goal 2: Improve agency and organization performance in the areas of program development, implementation, and evaluation.

Goal 3: Strengthen the infrastructure of Arizona's rural areas to increase their capacity for providing HIV prevention services.

Activities include:

- Identify those agencies/programs not presently active in community planning

- Identify the barriers that disallow these agencies from participating, by creating working relationships with the state non-funded agencies. Barriers to CPG participation will be a crucial area of concern.

- Coordinate linkages between non- participating agencies/ programs and participating CPG agencies.

- Link agency/program to resources. By linking agencies/programs with public/ private business/corporations/other government agencies via meetings, presentations, public forums.

- State Health Department will continue to participate in a statewide Faith Initiative, bringing AIDS prevention and service agencies/programs together with the faith communities.

Section 9 – Evaluation

Evaluation of HIV prevention efforts requires a group effort on the part of all stakeholders -- prevention providers, community planning group members and leaders, staffs of statewide health departments, consumers, and others. As the lead agency and fiscal agent for CDC HIV prevention funding, Arizona Department of Health Services' Office of HIV/AIDS is ultimately responsible for the collection, analysis, and reporting of evaluation data to all interested parties. In addition, State Health Department provides support, education, training, linkages, tools, and funding in order to facilitate evaluation of prevention activities throughout the state.

At present, Arizona's primary evaluation priorities continue to focus on increasing statewide capacity and implementing a user-friendly system for collection and analysis of CDC-required process monitoring data. Concomitantly, State Health Department has worked to maintain and increase support for evaluation activities among HIV prevention stakeholders: within State Health Department itself, by the three regional community planning groups, and by individual prevention contractors and the state's county health departments. The achievement of the Plan's three broad goals will provide a foundation for evaluation, which can be supplemented and enhanced in future planning cycles.

The CY2004 plan's goals and objectives will further the following purposes of evaluation:

- Maintain support for evaluation among all prevention stakeholders
- Promote prevention program improvement
- Encourage grantee self-management and benefits from evaluation activities
- Facilitate contract monitoring and grantee accountability
- Provide opportunities for technical assistance, education, and other health department support of prevention activities
- Fulfill CDC process data collection and reporting requirements, including PEMS

implementation, while minimizing the impact of these changes on local providers
- Yield data, which can be shared with and compared to findings from other programs
- Suggest future directions for evaluation by State Health Department and its grantees
- Contribute to the overall quality and success of HIV prevention efforts throughout Arizona

Planning Evaluation

A statewide evaluation of the regional planning processes was conducted during the fourth quarter of CY2002. Findings from this evaluation activity were disseminated to the Statewide Advisory Committee and membership of the three regional planning groups during the first quarter of CY2003. Although the evaluation concluded that the three CPGs were adhering to the core objectives to a high degree, limitations such as a very small sample size and narrow focus of the actual survey led community planning partners to desire that further evaluation occur. In addition to evaluation instruments mandated by CDC, the statewide Work Group is studying other means to assess meaningful aspects of the community planning experience for CPG members.

Community Planning Evaluation will be conducted using information provided by CDC in the newest Guidance and PEMS implementation planning materials. Because of the delays in PEMS start-up, the Work Group will monitor the potential impact of new requirements on local planning groups and processes, and formulate updated evaluation plans and activities.

Section 10 - Linkages and Coordination

The Arizona Department of Health Services has programs that provide prevention, care, and treatment services for sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), hepatitis C virus (HCV) and tuberculosis (TB). The State Health Department either directly provide services statewide or contracts with local health departments or community-based organizations to provide these services to the residents of their county. Additionally, there are programs for substance use prevention and treatment, corrections, and education. Many of the agencies, which provide services for substance users, incarcerated populations, and youth, also provide HIV prevention services. The State Health Department Office of HIV/AIDS is aware of these services and coordinates efforts whenever possible.

The State Health Department STD and HIV programs formally merged under the Office of HIV/STD Services in 1994. Until 2002, the two programs had enhanced communication and collaboration. Unfortunately, STD and Hepatitis C programs were moved to another State Health Department Office in 2002, and it has been much more difficult to continue the previous era of easy communication and collaboration. However, within the Office of HIV/AIDS, the program managers and office chief will continue to meet monthly to discuss issues and concerns and to mutually decide upon

strategies for problem solving. Other areas of routine collaboration include: shared clerical support and business/financial support, cross utilization of epidemiology and prevention staff, sitting on review committees, and joint supervision/management responsibility. In 200, the HIV/AIDS Office will renew its efforts to more closely collaborate with the STD and Hepatitis C programs.

The Office of HIV/AIDS, along with the Office of Infectious Disease Services, established a HCV Prevention and Surveillance Program in Arizona in late 1999. The goal was to enhance and expand current disease surveillance and investigation system so that the magnitude of HCV infection in the state could be thoroughly assessed. The program also attempted to address the specific education and prevention needs of those identified through the expanded surveillance system. The HCV Program has recently undergone a period of redesign and retooling. Since many people infected with HCV are also at high risk for HIV infection, the new HCV program will work more closely with the HIV prevention program to tailor prevention messages to include information on HIV and referrals for appropriate services.

The State Health Department HIV Epidemiology (surveillance) program staff will continue to share communicable disease reports with the STD program. HIV epi staff work with STD staff to find reported individuals who have either no locating information or inaccurate information. This includes checking the STD database to see if the individual has had an STD reported with any current locating information. STD staff will continue to provide assistance in obtaining information from the medical records of reported HIV/AIDS cases.

The Office of HIV/AIDS has also maintained its relationship with the Tuberculosis Elimination Section (both services are part of the Bureau of Epidemiology and Disease Control Services). The Arizona TB Control program recommends that local health departments use the confidential method of testing when screening for co-infection with TB and HIV. Despite the importance of screening TB patients for HIV, surveillance data indicates that the HIV status was known for only five percent of TB cases in 1998. One of the TB program surveillance objectives for 2000-2005 is that the HIV status will be reported for at least 75 percent of all newly reported TB cases in persons age 25-44 years.

In October 1998 CDC guidelines called for TB screening and treatment for all HIV-infected individuals. The management of tuberculosis disease among HIV-infected patients taking antiretroviral drugs requires effective case management that includes directly observed therapy (DOT). The Arizona TB Control Program during 2000, through TB federal funds, proposed to implement statewide Universal DOT. It therefore became even more critical that TB and HIV programs communicate and coordinate efforts effectively to ensure that co-morbidity is assessed, monitored and managed appropriately.

Linkages among prevention and care providers in the rural areas are very strong. Often the same county health staff provides both services to the client. When a client

tests positive for HIV, the client is immediately offered linkages to case management and all care services available in that region.

Many HIV contractors and other Community Planning Group (CPG) members, particularly in rural areas of the state, are also members of their local HIV care consortia. This allows the same groups of people to make decisions regarding both prevention and care whenever possible. For example, Northern Arizona Care Consortia and Northern CPG have now merged their meetings.

Staff from the State Health Department STD program will be encouraged to attend CPG meetings when appropriate, and the STD department has committed to membership on the Statewide Advisory Group beginning in late 2004. County health departments with prevention and control contracts will continue to send staff to the CPG meetings. Many of the frontier counties personnel represent both HIV and STD programs. STD, HCV and TB staff will be invited and encouraged to attend regional CPG meetings. This will not only provide STD and TB staff with information about meeting dates, times, and meeting minutes, but also help educate CPG members about these programs and develop linkages with the communities.

Appendix 1: Planning Processes Beginning in 2001

Northern

The Planning Group revised its priority setting guidelines in October 2001. The revised process placed explicit consideration on prioritizing interventions based on priority needs, outcome effectiveness, cost and cost effectiveness, theory, and community norms and values. During CY2001 epidemiologic information was reviewed by the planning body. Also in CY2001, the northern region conducted a needs assessment. The results of the needs assessment showed that there continued to be a need among the regions "traditional" target populations of MSM and IDU/Substance Users as these programs are extremely limited HIV prevention resources other than Cooperative Agreement funds. The needs assessment documented less of a need among youth, as there were other resources available to target this group. As a result of those meetings the following groups were identified as prioritized populations for CY2004-CY2006:

Men Who Have Sex With Men
High Risk Heterosexuals
Injection Drug users

Central

The planning group used a six-step process to determine priority populations, and the following criteria were applied to each potential priority population and applied sequentially; that is, the first criteria was more important than number two and so forth. 1) number of people in the group who living with HIV/AIDS in region, 2) Proportion of target population that is infected with HIV in region, 3) riskiness of behavior for transmission, 4) amount of interventions current an in the future targeted to the population, 5) sexually transmitted diseases and 6) projected size of target population living with HIV/AIDS in 2004.

The Central CPG completed its updated epidemiological profile of Central Arizona in of May 2001 and made recommendations to the full group on target groups to prioritize. Once finalized, a needs assessment of the priority groups was conducted with the completed gaps analysis aiding the process. The following groups were identified as prioritized populations for CY2004-CY2006:

MSM
MSM, Hispanic
IDU and/or MSM, African American
IDU

Southern

To try to more closely align target populations with the epidemiologic data and to enhance the linkage to resource allocations, the Planning Group made the decision in

2001 to have one set of urban and one set of rural priority populations for the CY2003 – CY2005 funding cycle. Previously there were nine sets of priority populations throughout the region. The nine sets conformed to a total of nine Counties and Indian Nations in the region.

The Planning Group formed a Priority Setting Subcommittee to develop priorities utilizing the Academy for Educational Development's "Setting HIV Prevention Priorities: A Guide for Community Planning Groups."

Throughout 2001, the subcommittee discussed methods of priority setting, reviewing current priority populations, and deciding on criteria to be used for priority setting. In CY 2002, the subcommittee clarified its target populations, conducting the literature search, reviewing the epidemiologic profile, setting priority populations and interventions for each population and presented them to the Planning Group for approval.

During 2001, The Southern CPG began the process of conducting a new needs assessment. The CPG coordinated with the three Ryan White Title II Consortia in the Southern region to gather a list of HIV service providers throughout the area. The group also reviewed and revised several survey instruments to develop one appropriate for the region.

As a result of these processes the following groups were identified as prioritized populations for CY2004-CY2006:

MSM (urban and rural)
IDU (urban and rural). During 2004, the Southern CPG is re-evaluating rural IDU as a distinct population in need of separate prevention services. It is collecting data to determine whether or not rural IDU obtain services in the extensive Southern Arizona urban services network.
HRH (rural only)

Appendix 2: Planning Processes Issues Since 2003

Since November of 2001, staff from each of the Regional Planning Groups has met with the Arizona Department of Health Services HIV/AIDS Office Chief and Prevention Coordinator on a monthly basis. These meetings have focused on identification and resolution of issues related to asserting a statewide planning focus in Arizona. The members of the group (Working Group, also known as "GoPig") have been responsible for the development of a CPG evaluation system, agreement on common processes to be used to prioritize needs and interventions, format and schedule for epidemiologic information updates, and a new planning process and calendar for 2003 – 2005:

Task	Original Target Dates		Revised Targets
Orient planning groups to new processes necessitated by new CDC Community Planning Guidance	August -- December	2003	
ADHS develops Integrated Epidemiologic Profile Provide regional epidemiologic and behavior risk factor information to planning groups	January – June	2004	Extended to October -November, 2004
Develop and implement AED-based priority setting process. Utilize state integrated epi profile findings. Generate list of prospective priority populations for each region.	July - December	2004	Extended to Early 2005
Conduct Community Service Assessment, which includes at least process evaluation information on currently-funded prevention interventions in region.	January – June	2005	Extended to July, 2005
Utilize CSA and other input to formulate recommendations for adapting and tailoring of Interventions for prioritized populations	July - September	2005	Extended to October, 2005
Write and disseminate Regional Comprehensive Prevention Plans	October – December	2005	

The Working Group will continue its intensive study of the new Community Planning Guidance and make recommendations to the Statewide Advisory Group and regional CPGs about how to carry out its requirements. The Working Group will also collaborate more closely with community-elected co-chairs and CPG committees in this endeavor.

CY2003 began a new three-year planning cycle in Arizona. In CY2003 the following activities were conducted:

1. Members of each regional Community Planning Group received information on the HIV Prevention Plan.

2. Members of each regional Community Planning Group participated in a series of trainings and hands-on workshops to review updated Epidemiologic information.

3. Information regarding Request for Proposals to be issued by the Arizona Department of Health Services were presented and discussed at each Regional Planning Group.

4. Results of process evaluation of the 2000-2002 planning cycle process were shared with Regional Planning Group members to identify opportunities to refine the 2003–2005 planning process.

5. Members of the Regional Planning Groups participated in capacity building activities around epidemiology, behavioral science, community assessment, and program evaluation.

6. Members of regional CPGs had several presentations and discussions of the new Community Planning Guidance and Advancing HIV Prevention initiative.

<u>CY2004 and CY2005 Planning Cycle</u>

This plan update is being written in mid-year, 2004. In CY2004 the following activities are in the process of being conducted:

1. Each Regional Planning Group is continuing its study of the Planning Guidance and considering changes and refinements in by-laws and other planning mechanisms as appropriate.

2. Each Regional Planning Group will identify risk populations of concern in their geographic area.

3. Epidemiologic information related to each potential priority population is being reviewed.

4. The updated AED priority-setting process (from "Setting HIV Prevention Priorities") will be used to specify regional priority populations at highest risk of HIV transmission and/or infection.

5. CPGs are receiving technical assistance from the ADHS Epidemiology Section, and will include information from the Integrated Epidemiologic Profile for Arizona in their deliberations.

6. Regions will approve and conduct a concurrence process for the yearly Health Department funding application. Because of the extremely late release of CDC grant application materials, the concurrence process will necessarily be time-intensive.

In CY2005 the following activities will be conducted:

1. Community Services Assessment (CSA) will be planned, executed, and presented in each region. Regional CSA committees will advise ADHS as to CSA key questions and data collection strategies, review findings, and make recommendations to their respective full planning groups.

2. The State Health Department will provide evaluation and process monitoring feedback from funded programs.

3. Review of updated epidemiologic information as appropriate.

4. Appropriately adapted and tailored interventions/activities for priority populations will be determined using the updated Academy for Educational Development's "Setting HIV Prevention Priorities" handbook.

5. HIV Prevention Plan will be produced by each Regional Planning Group and summarized into the Health Department's comprehensive statewide prevention plan.

6. Regions will conduct a thorough concurrence process for the yearly Health Department funding application.

7. The State Health Department will work with an independent consultant to evaluate community planning in Arizona. The consultant will study CDC community planning materials, solicit comment from statewide community planning stakeholders, make recommendations, and formulate a community planning strategic plan.

<u>Epidemiology Considerations for CY2004 and CY 2005</u>

State Health Department has begun to implement the following in 2004 to further support ease of use of epidemiologic data:

- HIV Prevention and Epidemiology management have increased their collaboration in order to assess the most effective and timely means of sharing data sets and the release of data to the regional CPGs.

- Prevention, Epidemiology, and Care & Services sections of the Office of HIV/AIDS are refining the roles and responsibilities of each department in supporting HIV prevention activities, including such issues as joint preparation of the Integrated Epidemiologic profile.

- Prevention is working with the Epidemiology Technical Assistance Specialist to acquire computer software training to increase its ability to provide user-friendly epidemiologic data and technical assistance.